PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/645,123			ing Date 21/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY												
Н	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dr sheets of paper, the appl is \$250 (\$125 for small er additional 50 sheets or for 35 U.S.C. 41(a)(1)(G) and			olication size fee due entity) for each raction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If	the difference in col	umn 1 is less than	r "0" in col		TOTAL]	TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	12/13/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 24	Minus	~ 29		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	4		= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus					x \$ =		OR	x s =	
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Ä	Application Size Fee (37 CFR 1.16(s))]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Anubred Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". He "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 100, enter "20". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 20, enter "20". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN THIS SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN This SPACE is less than 3, enter "3". Kelly Harris/ Med The "Anubre Previously Paid For IN T												

has collection of information is origined by 37 CFR 1,10. The information is required to obtain or retain a bound by the public which is in to file used by the USFTO to process) an application. Confidentiality is operand by 38 US 6.C 122 and 37 CFR 1.4. If this collection is estimated to the bet 2 trainities to complete in excluding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borton, should be sent to the Child refinemation Office. U.S. Plants and Triderank Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.